Exhibit F

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC. PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION	
THIS DOCUMENT RELATES TO THE FOLLOWING CASES IN WAVE 1 OF 200:	2:12-MD-02327
Barbara A. Hill Case No. 2:12-cv-00806	MDL No. 2327
Constance Daino Case No. 2:12-cv-01145	Joseph R. Goodwin
Monica Freitas Case No. 2:12-cv-01146	U.S. District Judge
Patricia Ruiz Case No. 2:12-cv-01021	
Pamela Gray Wheeler Case No. 2:12-cv-00455	
Rebekah Bartlett (Pratt) Case No. 2:12-cv-01273	
Dawna Hankins Case No. 2:12-cv-00369	
Patricia Tyler Case No. 2:12-cv-00469	

DEPOSITION OF DOUGLAS GRIER, M.D.

March 22, 2016

Seattle, Washington

Q Any documents in there specifically that you remember reading front to back?
A At this -- well, the IFU is in there, so I have read that in the past front to back. I read the historical documents about how TVT first was developed. And those are the ones that I remember in particular. There are a couple PowerPoint presentations that I probably was in -- present for or were delivered to me.
Q Doctor, how many of these -- how many of these 34 documents do you think you actually reviewed in full?
MR. KOOPMANN: Object to form.
THE WITNESS: I can't give you an exact answer to that, but if you look through it, they're historical documents, so I don't -- I didn't spend much time at all with the Internet discussions between the Ethicon people and the corporation.
Q (By Mr. DeGreeff) Did you -- in rendering your opinions, did you rely at all on internal company documents?
A No.
Q Why not?
A I don't find them necessarily relevant.
Q Why are they not relevant?
A Well, because a lot of it has to do with research and development early on in the development of the products, and quite frankly, it's not -- I don't find it relevant

for me in rendering an opinion.

Q Did you review any of the design documents for the product?

MR. KOOPMANN: Objection. Form.

THE WITNESS: I don't recall design documents. You mean the original design of the -- of the mesh?

Q (By Mr. DeGreeff) Yeah, the design documents, the internal design documents for the mesh product?

A Well, if you could show me one, I could tell you whether I've reviewed it or not.

Q Well, do you know what I'm talking about when I say design documents?

A Not precisely, no.

Q Okay.

A Are you talking about before it was submitted to the FDA?

Q Well, have you reviewed the design device file?

MR. KOOPMANN: Objection. Form.

THE WITNESS: I don't recall.

Q (By Mr. DeGreeff) As you sit here, do you remember recalling any -- reviewing any internal Ethicon documents specifically relating to design of the TVT products?

A I'm sure I've looked at several, but none come to mind specifically.

Q Okay. If you think you looked at several, what did those

documents look like? What did they tell you?
A Oh, I don't recall. I looked at them prior to the Perry trial, I would imagine.
Q Okay. So -- and the Perry trial was about the TVT Abbrevo; correct?
A Correct.
Q And we're not here -- you're not rendering any opinions in this -- at this point generally about the TVT Abbrevo?
A No.
Q So my question is about design documents that would be relevant to the products that we're here about. Do you remember reviewing any of those design documents?
A Not specifically.
Q Well, not specifically. Do you remember reviewing any at all?
A If you put one in front of me, I can tell you whether I have or not.
Q Well, Doctor, you've got them -- are they on your reliance list?
A Some may be.
Q And did you review everything on your reliance list?
A I've -- in a general sense, yes. Specifically, I mean, there's a lot of documents, and some I may have just looked at the title and then what the conclusions were, and if something was interesting in there, I would go

Q Did defense counsel select the documents that went into that binder?
A Yes.
Q Have you reviewed all of the documents in that binder?
A Well, I've reviewed them -- a lot of them I've reviewed before they ever were put in the binder, before I was ever asked to review them.
Q Okay. So my question was a little different than that.
Have you reviewed -- and I don't care when you reviewed them. Have you reviewed all of the lit- -- all of the documents that are in that binder?
A Well, no. The ones I haven't reviewed were the pre-FDA design documents, which are very tedious, and I didn't find relevant.
Q So fair to say, you did not review the design documents that were relied on by Ethicon for approval by the FDA?
MR. KOOPMANN: Objection to form.
THE WITNESS: That's true.
Q (By Mr. DeGreeff) Anything else?
A Well, there's just a bunch of minutes and discussions by, I guess, engineers within the -- within the company on the product specifications and the launch of the product.
Q And did you review those?
A I did not.
Q Why not?

A Well, because I don't find it relevant.
Q And that's the -- those are memos done by the engineers who designed the product?
A Correct.
Q Why did you not find that relevant?
A Well, because it's tremendously tedious, and it's not clinically relevant. It was how they developed the product and -- the device, and it's kind of too technical for my interest.
Q And you didn't -- so you didn't review that in rendering your opinions?
A No.
Q Did you review any documents related to the -- kind of the -- what you referred to as the tedious portion of the design of the -- of the document and getting FDA approval?

MR. KOOPMANN: Objection. Form.

THE WITNESS: There may be a few that I reviewed.

Q (By Mr. DeGreeff) Which ones? Any as you sit here that you remember?
A My patients' list at home.
Q I was wondering how that got in there.
A Yeah, that just got -- it fell in.

The ones I reviewed were -- see, a lot of this is

MR. KOOPMANN: Objection. Form.

THE WITNESS: I will say no. I will say, though, that -- that all of us give feedback to the companies that we use mesh, as to what might be better about it.

Q (By Mr. DeGreeff) I think we agree. My question is pretty simple. Yes or no, are you holding yourself -- yes, no, or you can't answer. Are you holding yourself out as an expert on the design of transvaginal mesh products?

MR. KOOPMANN: Objection. Form. Asked and answered.

THE WITNESS: Do I answer?

MR. KOOPMANN: Go ahead, yeah.

THE WITNESS: So I am not a product engineer that has designed mesh products. However, I have used them, and I have opinions about what -- what is good or bad about a particular product, which I have expressed to multiple companies when asked. So -- but I am not an engineer.

Q (By Mr. DeGreeff) Let's try this again. Doctor, yes, no, or you cannot answer my question as it's phrased: Are you holding yourself out as an expert in the design of transvaginal mesh products?

MR. KOOPMANN: Same objection.

THE WITNESS: No, I'm not a design expert.

Q (By Mr. DeGreeff) Doctor, one more binder. And I don't know -- let's see. This says --

A That's TVT and TVT-O. I think it's -- is it long-term studies? It's a series of studies. Now, some of this is contained in these other binders.

Q I was going to ask, this says long-term studies. Does this contain the same ten studies that we talked about earlier?

A If you'd hand it to me, I could answer that.

MR. DEGREEFF: Sure, I will. Let's mark this. I'll mark this as Deposition Exhibit 11.

(Exhibit No. 11 marked for identification.)

Q (By Mr. DeGreeff) Have I done so?

A Yes.

Q And can you tell us the -- before we get started, can you tell us the title of that?

A "TVT and TVT-O Long-Term Studies for Experts."

Q Why would that be called long-term studies for experts rather than long-term studies for Dr. Grier?

A Well, because this series of articles, which are long-term, is probably used by other -- other gynecologists or urologists who have been asked to be

not create a foreign body reaction, have you?
A No.
Q Have you ever authored an article on SUI or incontinence in general?
MR. KOOPMANN: Object to the form.
THE WITNESS: Well, yes.
Q (By Mr. DeGreeff) Which one would that be?
A That's the Tincello article that's in here, the TVT World Registry.
Q You believe that deals with SUI or incontinence generally?
A Oh, well, it's for the treatment of stress incontinence.
Q And that was the one that got cut off early?
A That was the one that was completed at the one-year mark and published.
Q Published in 2014?
A That's my memory.
Q After the TVT-S was taken off the market?
A I don't remember the chronology of which was which, but yeah, that probably is true.
Q Doctor, what was the point of publishing the article after the product was removed from the market?
A That's the point of science. It's to -- it's an ongoing investigation that -- that's a philosophical question.
Q Doctor, you're not an expert on warnings, are you?

MR. KOOPMANN: Objection. Form.

Q (By Mr. DeGreeff) Medical device warnings?

MR. KOOPMANN: Same objection.

THE WITNESS: No.

Q (By Mr. DeGreeff) You're not a biomedical engineer, are you?

A No, I'm not.

Q And we've already talked about this, but you're not holding yourself out as an expert on the design of medical devices, are you?

MR. KOOPMANN: Objection to form. Asked and answered many times.

THE WITNESS: I'm not an expert on it, although I have been using medical devices for my entire career. So I certainly can give opinions on their safety and efficacy.

Q (By Mr. DeGreeff) Well, now, giving an opinion on whether you believe a device is safe and effective is different than being able to give an opinion on design; correct?

A Yes.

Q Are you qualified to give -- you're not holding yourself out as an expert on the area of design, are you?

MR. KOOPMANN: Objection to form.

THE WITNESS: No.

Q (By Mr. DeGreeff) I mean, you've never designed a medical device; correct?
A Correct.
Q Never been involved in the design of a medical device?
A I've been in -- I've been asked to give opinions on devices and -- during their development.
Q You don't have any patents on medical devices?
A No.
Q Doctor, do you know what employees from Ethicon were involved in the design of the TVT?
A No. I thought Ulf Ulmsten was the one who designed the TVT.
Q Do you know what Ethicon paid Ulf for the product?
A No.
Q What is MedScan?
A I'm not sure. Is that a search engine for medical -- or articles, scientific articles?
Q I'm asking you, Doctor. Did Dr. Ulmsten design the mesh used in the TVT?

MR. KOOPMANN: Objection. Form.

THE WITNESS: My memory is that in the 1990s -- and this is coming from his mouth -- he was experimenting with -- he came up, along with a gynecologist from Australia by the name of Petros, of a new and novel integral theory of continence, which was

in studies on the inventor's device?
A Oh, again, I have no idea. How would I know that information? I've not heard it.
Q Do you think they should?
A Should prevent? No.
Q Do you know whether Ethicon has any policies in place that prohibit inventors from participating in studies on the inventor's device?
A I'm not aware.
Q Do you think they should?
A It's -- I don't have an opinion.
Q It doesn't matter to you?
A No.
Q Doctor, are you aware of how long it took the -- it took Ethicon to get the TVT-O product to market?
A I don't recall the timeline.
Q Doctor, what is Provencia?
A I don't know.
Q Do you know what a failure modes and effect analysis is?
A That sounds like an engineering design study to look at physical properties of different products/materials.
Q Have you ever been involved in one of those analyses?
A No.
Q What should be in a failure modes and effects analysis?
MR. KOOPMANN: Objection. Form.

THE WITNESS: Well, can you give me a product or material that you want to apply it to?

Q (By Mr. DeGreeff) Mesh. What should be in a failure mode designs effect analysis for mesh?

MR. KOOPMANN: Objection. Form.

THE WITNESS: Well, one would be what its tensile strength is, elongation overload. Those would be the main ones.

Q (By Mr. DeGreeff) Have you ever -- did you review the -- any of the FMEAs in this case?

A I've seen some, yes.

Q For transvaginal mesh?

A Uh-huh.

Q Which ones?

A Oh, I think Guenther is one. Moalli has some. But there's Dietz study from Australia that described the bench loading and elongation.

Q You're talking about articles and studies; correct?

A Yes. But I -- as far as the -- you mean as far as corporate documents in terms of what they did prior to the product being released?

Q Yes.

A I would glance over them and not -- and not read them.

Q All potential hazards should be in the failure modes effects analysis for TVT; correct?

MR. KOOPMANN: Objection. Form.

THE WITNESS: Again, I don't know what that means.

Q (By Mr. DeGreeff) You don't know what a design failure modes effect analysis is?

A Well, I know -- I know what the term is, but when you're saying -- there's a difference between in vivo and ex vivo. If you're talking about bench testing products that the stresses that are put on them are greater than the physiologic stress in the body, I don't think those are relevant.

I mean, it's fine to do the studies to get a sense of what the burst strength is of mesh, but it's never going to be seen after it's deployed.

Q And you don't find those studies relevant, or those relevant?

A Well, it has a relevance, but it doesn't have a high significance.

Q You don't find them significant?

A It has a significance. I can't -- I'm not going to give you a degree of significance.

Q You didn't rely on them in giving your opinions in this case; fair?

A Well, when I looked at them, I want to make sure that the stressors of these meshes, after they're deployed in the

body, that they're not going to degrade at those -- at those loads. In that regard they're relevant. When you're talking about you're pushing out the load a long way, which is not physiologic, that's not relevant.

Q Okay. So I guess my -- I'm not sure that you ever answered my question. As you sit here, do you remember reviewing any of the design failure mode effects analysis for the transvaginal -- the Ethicon transvaginal mesh products in rendering your opinions?

A I don't recall specific ones. If you put one in front of me, I can tell you whether I've reviewed it.

Q You told me a lot of the documents were in another language. Did you ask for those to be translated?

A No.

Q As you sit here, you don't remember -- you can't remember reviewing any specific design failure mode effects analysis on -- regarding transvaginal mesh made by Ethicon?

A I can't recall a specific one, no.

Q Did you review any internal documents discussing how long it took Ethicon to get the TVT-O product to the market?

MR. KOOPMANN: Objection. Form. Asked and answered.

MR. DEGREEFF: It was?

MR. KOOPMANN: I think so.

of TVT-Os due to complications; correct?

MR. KOOPMANN: Objection. Form.

THE WITNESS: I have removed sections of TVT-Os for exposure. I can't remember any for any other reason.

Q (By Mr. DeGreeff) And is that something you track?

A Oh, I -- well, I track all my patients. I see them -- I try to see them on an annual basis, and if they don't agree, I try to make it every other year.

Q So do you have something in your office where you track the reason for each removal and what product it is you're removing?

A Their medical records.

Q Is that a list you would keep in your office somewhere?

A It's one I could retrieve.

Q So you have a list currently kept in your office of the product you removed and with -- with the reason for removal?

A No, I don't have a list.

Q And how many TVT-O removal surgeries have you done?

A Well, partial TVT-O, I would say a half dozen maybe.

Q What about TVT-R?

A Same. About a half dozen.

Q What about TVT-S?

A Maybe three or four.

Q So in your entire time working with transvaginal mesh, between TVT, TVT-O, and TVT-S, you believe you've only done 15 to 16 removal surgeries?
A I'm sure I've removed 35, 40 other products that are either transobturator or retropubic slings.
Q So you've only done 50 total removal surgeries in your time working with transvaginal mesh?
A Do you -- are you including POP repair, like Prolift or elevate, Apogee, Perigee, the other products?
Q Well, I was asking specifically about TVT, but sure, we can talk about those too.
A I mean, I don't keep numbers of it, but I've removed each of those products in the past.
Q That was going to be my question. Where's the tracking data on TVT-Rs that were removed, on the number of explants you've done?
A What do you mean by "tracking data"?
Q Is that something you keep track of in your office?
A No, I don't keep track of the numbers.
Q How long have you been doing removal surgeries? When did you first start doing them?
A Well, again, when you use the word "removal," I'll take out a specific area that may be exposed, or if there's a specific trigger point area of pain, I'll remove that part.

my entire practice was. At that point I was probably seeing one-third males and two-thirds females. But because of the shrinking volume of women who seek care for these problems, I do less and less each year.

Q And what percentage of your practice is related to treating TVM complications?

A Oh, less than 1 percent.

Q What percentage of your practice is related to the surgical treatment of TVM complications?

A Oh, I'd say less than 1 percent at this point. I don't see them that often.

Q Doctor, do you do anything within your office to track what percentage of the women that you do implants in are lost to follow-up?

A No.

Q Do you know what the national average is?

A No.

Q Do you know what the national average is on complications related to following implant surgeries with TVM?

A Oh, there's several papers that provide those numbers.

Q Certainly greater than 1 percent, isn't it?

A I think it's about 3 and a half percent.

Q So you believe 3 and a half is the rate?

A One recent paper I reviewed, that was the rate of complications that required something to be done.

Q Ever seen any others that's different?
A Oh, it's all -- it depends on what study and what cohort. If you happen to be a referral center, you're going to see a lot more because a lot of gynecologists aren't comfortable with doing repairs or revisions.
Q And a lot of patients aren't comfortable going back to the person who put in an implant that gave them complications; fair?
A That's -- complications in general, for all of medicine, a lot of times patients have unrealistic expectations and will go elsewhere when they don't have exactly the outcome that they want. That's very common, not just in this.
Q Okay.
A It's common with all complications.
Q So it's typical for anybody -- any surgeon to have a significant loss to follow-up; is that fair?
A It really -- it depends on what community you're in. If there are -- if you're in a smaller community and there's less choices of where to go, a lot of times, if a patient has a complication and doesn't see you, they'll see one of your colleagues, and they'll -- we can discuss it, they'll -- you'll find out about it. There's many a time where I've called a physician to tell them that a patient of theirs came in and this was their concerns.

A Yes.
Q And again, that's an email that you sent to Lori Campbell?
A Yes.
Q And why the exclamation mark, Doctor? Were you proud that you'd spent $104,000 on Ethicon products?
A No. Kind of the opposite. I was shocked that I had spent so much money for a product, you know, as far as checks are. It just kind of shocked me that it had been that much.
Q Well, was it important to you to be considered a good account?
A No. No. It was a realization that the products are expensive.
Q When does your -- when you say "this year to date," when does your fiscal year start?
A Oh, I don't -- I guess January 1st to December 31st.
Q And what was the point of this email? What was -- what were you trying to tell her with that?
A I was -- I saw a rolling -- a rolling average of what I had spent for slings, and so I was kind of shocked by that number. I can't remember what they cost, but that's the equivalent of 100 -- probably 100 slings -- surgeries.
So I -- just like I don't count what -- what I've

been paid, I normally don't count how many slings that I've done in a given year. And so this was toward the end of the year, and it looks like I did 100 slings.

Q Okay. So if you had -- 100 slings in a year, is that a lot?

A Yes.

Q What percentage of your -- of your practice would that have made up for the year 2004?

A Oh, probably 20, 25 percent of -- of the female side that I was doing either a prolapse -- a prolapse repair or slings for incontinence.

Q And then if you'll look at the email right above that, it's Lori Campbell responding to you directly on November 15th of 2004; correct?

A Yes.

Q And if you look at that second paragraph, it says, "Yes, you're one of our best customers," triple exclamation mark. "Funny you should be looking at that today," period. "Erika and I were just reviewing preceptor payout," period. "You've just about maxed out your contract for the year," period.

Did I read that correctly?

A Yes.

Q And we talked earlier about the fact that your max amount on your consulting agreement in 2004 was $100,000; right?

A No.
Q Fair to say you haven't reviewed everything on your reliance list?
A Yes.
Q What percentage of the documents on your reliance list would you say you've reviewed?
A I can't give a percentage because a lot of these are just -- are internal documents that I did not read, and there's a lot of them.
Q Did you just -- did you not read the internal documents -- the Ethicon internal documents?
A Very few of them. I just didn't find them relevant or find anything in there that I could use.
Q And which of the depositions that -- looking at your list of depositions, were there any in particular that you remember reading that stood out to you?
A Well, I remember reading Ostergard, Margolis, Blaivis.
Q Any others?
A Moore.
Q Any others?
A In the past, Rosenzweig.
Q Any others?
A I don't recall any other.
Q Did you read any depositions of Ethicon employees?
A I did for the Perry trial. Not since.

opinions to a reasonable degree of medical certainty?
A Yes.
Q You don't hold yourself out to the community as a design expert; is that fair?
A That is fair.
Q But are you an expert in urologic surgery?
A Yes.
Q And are you an expert in the materials used in urologic surgery?
A Yes, I am.
Q And you don't hold yourself out to the community as a warnings expert; correct?
A No, I don't.
Q But you've used a lot of medical devices throughout your career?
A Yes.
Q Dozens, certainly?
A Yes.
Q Hundreds?
A Yes.
Q And before you use a medical device, you read the instructions for use accompanying the device?
A I do.
Q And after treating patients with devices, you get a sense of what sort of complications you see?

what is the standard of care.

Q And are there different levels of evidence?

A There is different levels of evidence. From the bottom, which is anecdotal reporting, to the top, which is, say, Cochrane review, meta-analysis, systematic reviews.

Q Where do internal company emails fall on the hierarchy of levels of evidence?

A They don't fall at all, in any of it.

Q Where do failure modes and effects analyses fall in the hierarchy of levels of evidence?

A They don't fall at all in the levels of evidence.

Q The opinions that you've expressed in your reports regarding the safety and efficacy of the TVT, TVT-O, and TVT slings, are those opinions based in part on your education, including your medical school and residency?

A Yes.

Q Is it also based on continuing ed courses?

A Yes.

Q Are those opinions about the safety and efficacy of the devices based on your clinical training and experience?

A Yes.

Q Are those opinions about the safety and efficacy of the devices based on your review of the peer-reviewed literature, book chapters, podium, and poster presentations and abstracts?

reliance list?

A If it's alphabetically -- oh, yes. Yes.

Q And what date were those depositions taken?

A May 30th and 31st of 2013.

Q Have you -- is Dr. Weisberg's deposition from November 12th and 13th of 2015 on your reliance list?

A No.

Q Are you aware that Dr. Weisberg was chosen by Ethicon to testify as their corporate representative on the revised TVT and Gynemesh IFUs?

A No, I was not aware.

Q Do you know he's Ethicon's medical director? Correct?

A Is he currently?

Q I believe so.

A I thought he was ten years ago.

Q Okay. Have you -- I'm assuming, given that it's not on your reliance list, that you haven't reviewed that deposition?

A No. Don't recall it.

Q And do you see Dr. Laura Angeleni's June 2015 deposition on your reliance list?

A Yes. Did -- what was the date?

Q June of 2015.

A No.

Q Do you know that she's the -- she was the woman who